



SENIOR REBATE
CITY OF AUBURN
APPLICATION FOR UTILITY **REBATE**
2006/2007
ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

1. The undersigned is the head of household receiving water, sewer, storm drainage and/or garbage service at the address indicated below.
2. The undersigned is at least 62 years of age, or is permanently and totally disabled or suffering from some condition permanently incapacitating the undersigned from performing any work at any gainful occupation, and:

☐

> 62 Years of Age

☐

Disabled
3. The undersigned is not receiving additional utility allowances or rent subsidies from another governmental agency (i.e.: HUD, King County Housing, Section 8, etc.).
4. There are _____ residents in the household claiming the exemption, and
5. That for the previous ***calendar year (2005)***, the combined total income from all sources of ***all such residents*** was \$_____/year.

Proof of all 2005 income must be confirmed by authorized City Personnel, such as, most recent income tax return, social security annual statement, or annual retirement statement.

Applicants not paying the city directly will be rebated annually in the month of ***July*** for those months during the previous year for which they were eligible. In order to be eligible for a rebate, applicants must show proof of residency by attaching copies of ***rent receipts*** from ***May 1st 2005 through April 30th, 2006*** to this annual application form. If receipts are not available, the manager of the apartment or park may write a letter stating that you have lived there during this time (or for the time you have lived there).

Date: _____ Date of Birth: _____

Applicant: _____ Phone Number: _____

Address: _____ Zip Code: _____

Name of Apartment/Park: _____ Apartment/Park Phone Number: _____

Driver's license # or ID Card #: _____

Signature: _____

FOR OFFICE USE ONLY			
Date Received: _____	Approved By: _____	Date Approved: _____	
Received By: _____	Denied By: _____	Date Denied: _____	
Received At/By: _____	Reason Denied: _____		
Counter/Mail/Fax/Senior Center			
		# of Months Approved for Rebate: _____	

Persons applying for the disability reduction must complete the form on the back of this application. **(Including doctor's signature, subject to verification).**

Income Limits for 2005 Income:

One Person: \$27,250

Two People: \$31,150

Three People: \$35,050

SENIOR REBATE
CITY OF AUBURN
AFFIDAVIT FOR CLAIM OF DISABILITY
APPLICATION FOR UTILITY **REBATE**
2006/2007
ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving Water, Sewer, Storm Drainage and/or Garbage service at the address listed below.

The applicant meets the following criteria for receiving the exemption for utility services:

The applicant is totally and permanently disabled in that the individual has lost both legs or arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition permanently incapacitating the applicant from ever performing any work at any gainful occupation.

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT SIGNATURE: _____

PHYSICIAN SIGNATURE: _____ / _____
(REQUIRED EACH YEAR) Physician Signature Date

PHYSICIAN TELEPHONE NUMBER: _____